Medically Indigent Care Reporting System (MICRS)

MICRS Snapshot

December 1998

County Indigent Health Care Services and Expenditures

Fiscal Year 1995-96

This is the second¹ of a series of brief reports on county indigent patients who were provided medical services directly or whose services California counties funded. The report provides the number of county indigent patients by types of services and expenditures for inpatient, outpatient and emergency department services and patient distributions by age group, gender and race/ethnicity for FY 1995-96.

Over 1.4 million indigents had health care provided during FY 1995-96 by 21 of the 24 counties participating in the California Health Care for Indigents Program² (CHIP). Residents in these 21 counties accounted for 84% of California's population. The 1.4 million indigents may have represented about 22% of the estimated number (6.1 million³) of uninsured people in California during 1994.

Table 1 presents the total unduplicated count of county indigent patients and shows that relatively few patients (46 per 1,000) were hospitalized. The vast majority of county indigents (848 per 1,000) received outpatient services and nearly one quarter (244 per 1,000) visited emergency departments. County indigent patients' use of services during FY 1995-96 was similar to the previous (FYs 1991-92, 1992-93, 1993-94, and 1994-95) four-year average of MICRS data.

TABLE 1

Numbers of County Indigent Patients, FY 1995-96

Patient Types	Number of Patients	Patients per 1,000 patients
All Patients	1,400,234	-
Inpatients	64,796	46
Outpatients	1,188,239	848
Emergency Dept. Patients	341,779	244
Other Patients ⁵	15,534	11

Source: Medically Indigent Care Reporting System

¹ The first MICRS Snapshot was published in April 1998 and contained similar information pertaining to FY 1994-95.

² Contra Costa, Fresno and San Mateo Counties' MICRS data were not included in this report pending revisions of their MICRS data for FY 1995-96. These counties reported serving 49.648 patients with \$73,506,167 in associated expenditures during FY 1994-95.

³ E. Richard Brown, Center for Health Policy Research, Policy Brief, June 1996.

⁴ All patients represent the total unduplicated number of individual patients reported across all service categories. Table 1 also has an unduplicated number of patients within each service category. Since many patients used more than one type of service, the total number of unduplicated patients is less than the sum of the unduplicated number of patients in all categories.

⁵ Other patients included those who received skilled nursing and intermediate care services, ambulance services and general acute care hospital inpatient services where counties paid only physicians and not hospitals.

Table 2 shows that inpatients accounted for most (49%) of the reported expenditures followed by outpatients whose services accounted for 38% of the expenditures. Total expenditures amounted to \$1.2 billion. The distribution of expenditures among patient types was similar to the previous (FYs 1991-92, 1992-93, 1993-94, and 1994-95) four-year average of MICRS data.

TABLE 2 Expenditures for County Indigent Patients, FY 1995-96

Patient Types	Expenditures*	Percent
Inpatients	\$605.8	49%
Outpatients	\$472.4	38%
Emergency Dept. Patients	\$144.5	12%
Other Patients	\$11.9	1%
All Patients	\$1,234.6	100%

Source: Medically Indigent Care Reporting System

*in millions

Age Group Distributions

Compared to the general population of the reporting counties. Figure 1 displays county indigents as under represented among those over 64 years, due, in part, to Medicare eligibility. Indigents aged 25-34 years were over represented. The remaining age group distributions were similar to that which occurred in the general population. Most (59%) of the county indigents were under 35 years with the largest percentage (28%) under 21 years. The age group distributions were similar to the previous (FYs 1991-92, 1992-93, 1993-94, and 1994-95) four-year average of MICRS data.

Figure 1 35% 30% county indigents 25% general population 20% 15% 10% 5% $oldsymbol{\Sigma}$ 0% under 21 21-24 25-34 35-44 45-54 55-64 65+ age groups

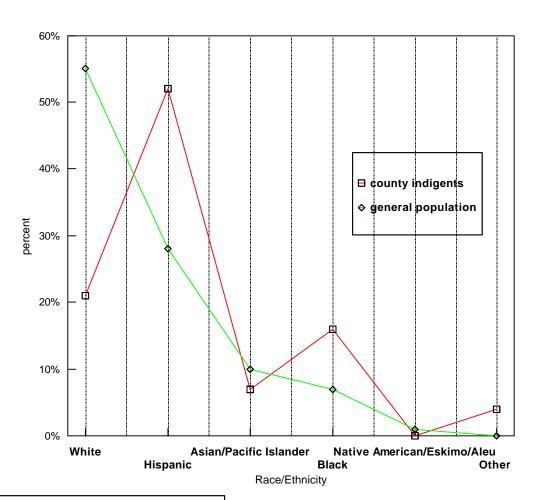
Age Group Distribution of County Indigents & General Population, FY 1995-96

Source: Medically Indigent Care Reporting System

Race/Ethnicity

Figure 2 shows that compared to the general population of the 21 reporting counties, the distributions of county indigent patients were most divergent among Whites and Hispanics. White (21%) and Asian/Pacific Islander indigents (7%) were under represented while Hispanic (52%) and Black indigents (16%) were over represented. As a combined group, Native Americans, Eskimos and Aleutians accounted for less than 1% of the county indigents, which was similar to their distribution in the general population. Four percent of the county indigents' race/ethnicity was reported as other. Although not shown, 10% of the county indigents' race/ethnicity were reported as unknown. The race/ethnicity distributions were similar to the previous (FYs 1991-92, 1992-93, 1993-94, and 1994-95) four-year average of MICRS data.

Figure 2
Distribution of County Indigents & General Population by Race/Ethnicity, FY 1995-96



Source: Medically Indigent Care Reporting System

An overview of county indigents' utilization of the three major types of services as reported to the MICRS for FY 1995-96 is shown below. The indigents' utilization of these services was similar to the previous (FYs 1991-92, 1992-93, 1993-94, and 1994-95) four-year average of MICRS data.

Inpatient Services

- ➤ The average number of discharges per inpatient was 1.2 (77,579 discharges⁶).
- The average length of stay was 5.0 days (391,283 days).
- ➤ The overall average expenditure per inpatient day was \$1,548 and \$7,808 per discharge.
- Mental disorders accounted for the lowest expenditures per day (\$962).
- > Expenditures per inpatient day were highest for the following diagnostic categories:
 - ♦ Congenital Anomalies.....\$2,287 (<1% of days)
 - ♦ Injuries & Poisonings......\$1,804 (20% of days)
 - ◆ Diseases of the Circulatory System....\$1,718 (11% of days)
 - ♦ Neoplasm.....\$1,714 (5% of days)
- ➤ Injuries & poisonings (21%) and digestive disorders (15%) were the most frequent discharge diagnoses accounting for 36% of all the reported discharges.
- Patients with Infectious & Parasitic diseases (3% of days) had the longest average lengths of stay (8.3 days) while pregnancy and childbirth produced the shortest stays (2.1 days) though these discharges accounted for less than 1% of the days.
- 61% of the inpatients were males.
- > 49% of the inpatients were aged 25 to 44 years.

Outpatient Services

- ➤ The average number of visits per outpatient was 2.4 (2.9 million visits⁸).
- > The overall average expenditure per outpatient, including ambulatory surgeries, was \$398.
- Females accounted for 57% of the outpatients and outpatient visits.

Emergency Department Services

- The average number of ER visits per ER patient was 1.5 (528,828 visits).
- The average expenditure per ER visit was \$273 and \$423 per patient.
- Males accounted for 55% of the ER patients, 56% of the ER visits and 54% of the ER expenditures.

Summary

Twenty-one CHIP counties reported spending \$1.2 billion on 1.4 million indigents' health care services during FY 1995-96. Fifty-nine percent of the patients were under 35 years of age. Hispanics represented the largest percentage of patients (52%). Females accounted for 55% of all the patients, though males accounted for the majority of inpatients and emergency department patients. The amount of expenditures and the utilization of services were similar to the averages of MICRS data reported in the previous four fiscal years.

This MICRS Snapshot was prepared by the Medically Indigent Care Reporting System Unit, Office of County Health Services, Department of Health Services located at 1800 3rd Street, Room 100, PO Box 942732, Sacramento, CA 94234-7320. (916) 327-7007.

⁶ Data from the Office of Statewide Health Planning and Development's Hospital Annual Financial Disclosure Report indicate the number of discharges and inpatient days may be under stated in this Snapshot report because Los Angeles County reported MICRS data based on expected rather than the actual source of payment. All other counties' data in this report are based on actual source of payment.

⁷ Expenditure data should represent county costs or payments, not charges. Where services to indigents were provided but not reimbursed by counties, associated data were not always reported.

⁸ The number of outpatient visits may have been undercounted since visits to specific types of physicians (primary and specialty care and ambulatory surgery) primarily were reported while visits to other providers such as dentists, optometrists, podiatrists, and radiologists generally were not reported.